

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000016821

FILED
Mar 14, 2005
Secretary of State

Entity Name: PALMETTO WASHOUSE INC.

Current Principal Place of Business:

3651 PALM BEACH BOULEVARD
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

1612 SE 40TH TERRACE
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 65-1030514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TITENSOR, GARY
1612 SE 40TH TERRACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TITENSOR, GARY
Address: 1612 SE 40TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: STD () Delete
Name: TITENSOR, CHARLOTTE
Address: 1612 SE 40TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD () Delete
Name: TITENSOR, CORY J
Address: 1746 SUNSET PL
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TITENSOR, GARY L
Address: 1612 SE 40TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: STD (X) Change () Addition
Name: TITENSOR, CHARLOTTE J
Address: 1612 SE 40TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY TITENSOR

PD

03/14/2005

Electronic Signature of Signing Officer or Director

_____ Date